## PART B - FEE(S) TRANSMITTAL

JUL 2 5 2300	this form, together wi	- A 1001	or <u>F</u>	Commissioner P.O. Box 1450 Alexandria, Vi XX (703) 746-4000	for Patents rginia 22313-1	through 5 cl	nould be completed where correspondence address as rate "FFF ADDRESS" for
maintenation fee hoult cations.  CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
28970 PILLSBURY W 1650 TYSONS B MCLEAN, VA 2 <b>/27/2005 HBEYENE2 000</b>	/INTHROP SHAW P OULEVARD 2102		o O	I hereby certify that States Postal Servic addressed to the M	Certificate of Mail this Fee(s) Transme with sufficient potant	ing or Trans mittal is being ostage for fir FEE address	mission g deposited with the United st class mail in an envelope above, or being facsimile ate indicated below.  (Depositor's name)
FC:1501 1400.0 FC:8001 30.0							(Signature) (Date)
APPLICATION NO.	FILING DATE	Ţ	FIRST NAMED	INVENTOR	ATTORNEY DO	OCKET NO.	CONFIRMATION NO.
09/831,165 TITLE OF INVENTION HEAD	05/07/2001 REA INTEGRAL IMAGE REAL	ADING/WRI	Hiroaki C ITING EAD, IMAGE		KIX0145 O WITH THIS, IN		9023 DING HEAD AND PRINT
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE	E(S) DUE	DATE DUE
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CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)				
PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIG	ss an assignee is identified b in 37 CFR 3.11. Completion NEE	elow, no assignee of this form is NO	data will appear T a substitute for RESIDENCE	ar on the patent. If an ass or filing an assignment. :: (CITY and STATE OR C		below, the d	ocument has been filed for
Rohm Co.	, Ltd.		Kyoto	o, Japan			_
Please check the appropria	te assignee category or catego	ories (will not be pri	inted on the par	ent): 🔲 Individual 🔀	Corporation or ot	her private gr	oup entity Government
4a. The following fee(s) as	re enclosed:	4b	Payment of F	ee(s): the amount of the fee(s) is	enclosed		
	small entity discount permitt	ed)		y credit card. Form PTO-2			
Xdvance Order - #			The Direct Denosit Accord	tor is hereby authorized by	y charge the requir	red fee(s), or ose an extra o	credit any overpayment, to copy of this form).
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	O is requested to apply the Iss Publication Fee (if required) cords of the United States D		• • •	•			
Authorized Signature	WIFE			Date	July 25,	2005	
Typed or printed nameMichael Bednarek			Registration No. 32,329				
submitting the completed this form and/or suggestion Box 1450, Alexandria, Vi Alexandria, Virginia 2231	tion is required by 37 CFR 1 ality is governed by 35 U.S.C application form to the USP1 ns for reducing this burden, s rginia 22313-1450. DO NOT 3-1450. uction Act of 1995, no person	hould be sent to the SEND FEES OR (	e Chief Inform	ation Officer, U.S. Patent a FORMS TO THIS ADDR	and Trademark Off ESS. SEND TO: C	fice, U.S. Der Commissioner	partment of Commerce, P.O. for Patents, P.O. Box 1450